UNDERSTANDING "MILITARY SPOUSE" AND FAMILY MEMBER PREFERENCE

ACKNOWLEDGEMENT:	
4. Should a temporary position be terminated due to no fault of the emptemporary employee, MS/FM preference may be restored. The Civilian the circumstances and will advise the employee whether MS/FM preference may be restored.	Personnel Advisory Center will review
3. Positions recruited with intermittent or part-time work schedules may positions. If your resume indicates availability for these work schedules for one of these positions uses MS/FM preference eligibility.	- · · ·
2. Military Spouse or Family Member preference is lost when a spouse/job offer to a position for which applied, when the position is permanent applicable whether it is to an appropriate (AP) or non-appropriated fund	or temporary for one year. This is
duty location only once for each Permanent Change of Station (PCS).	

FAMILY MEMBER STATUS

•	a US military or US Federal civilian employee stationed in Korea (For flocally hired employees and invited contractions are not eligible for
NAME:	DOB:
My sponsor is (Name/Grade or Rank)	
My sponsor is assigned to (Organization)	
At (post/city)	My sponsor is scheduled to depart from Korea or be
separated from active duty on	·
My civilian sponsor was recruited from th	e United States: Yes No
Type of passport: Official Tourist	PP# Exp. Date
Type of Visa: SOFA stan	np: Yes No
Date arrived in Korea:	
Reason for being in Korea:	
Date/Place of Marriage:	
my address, telephone number, employme	keeping the Civilian Personnel Advisory Center advised of any change in tent/martial status, rotation of sponsor or availability for employment. I rilian Personnel Advisory Center informed of changes may result in my
SIGNATURE:	DATE:

LOCAL APPLICANT QUESTIONNAIRE (FAMILY MEMBER/OFF DUTY MILITARY)

AUTHORITY: Title 5, Code of Federal regulations, Section 5.2 and 5.3 Title 5, UBC Section 1301, 1304 and 3301, Section 8(b), 8(c) and 9(c) of Executive order 10450, Title 42, USC, Section 1434 and 2585.

PUROSE: Used by Civilian Personnel specialist to make determinations regarding eligibility for employment with the US Forces and employment referral priorities. ROUTINE USES: Records from this system of records may be disclosed for any of the blanket routine uses published by the Department of Defense. Furnishing the information is voluntary. If you do not give the request information or give erroneous information, it may result in erroneous employment determinations and may be grounds for not employing you or dismissal after you begin work.

SSN.

NAME:	SSN:
(Last, First, MI)	
PLACE OF BIRTH:	DATE OF BIRTH:(Day/Month/Year)
(City & State or Country)) (Day/Month/Year)
SECTION A: TO E 1. STATUS & REASONS FOR BEING IN THE O' a SPOUSE OF ACTIVE DUTY MILITA (Attach copy of sponsor's PCS orders, or ag b SPOUSE OF A DOD CIVILIAN EMP (Attach copy of sponsor's PCS orders, or ag c CHILD OF ACTIVE DUTY MILITAR (Attach copy of sponsor's PCS orders, or ag d ACTIVE DUTY MILITARY MEMBE	BE COMPLETED BY ALL APPLICANTS IVERSEAS AREA (Mark "x" and complete information where applicable). ARY MEMBER ASSIGNED TO: gency documentation showing command sponsorship. (Completes section B) PLOYEE ASSIGNED TO: gency documentation showing command sponsorship. (Completes Section B). RY OR DOD CIVILIAN EMPLOYEE ASSIGNED TO gency documentation showing command sponsorship. (Completes Section B). ER SEEKING EMPLOYMENT DURING OFF DUTY TIME:
(Completes Section C eOTHER: (explain, e.g., Embassy personne	c). el)
2. US CITIZEN BY: BIRTH NAT	URALIZATION (Provide original citizenship)
3. PASSPORT NUMBER: (DATE AND PLACE (OF ISSUE)
SECTION B: TO BE COMPLETED BY SPO	OUSES & CHILDREN OF MILITARY & GOVERNMENT EMPLOYEI
	CODD W CHILDREN OF MISHING W GO Y DARWINDLY DEVIL DO TO
6. SPONSOR'S CURRENT DUTY PHONE:	7. SPONSOR'S DEROS:
8. ARE YOU CURRENTLY RESIDING WITH YO	OUR SPONSOR? YES NO
SECTION C: TO BE COMPLETED BY ACTIVE DU	TY MILITARY MEMBERS SEEKING EMPLOYMENT IN OFF DUTY TIME
9. ORGANIZATION TO WHICH YOU ARE CUR	RRENTLY ASSIGNED:
10. DEROS:	
I UNDERSTAND THAT UNDER THE JOINT ETH OTHER EMPLOYMENT: (Initial	HICS REGULATION MY MILITARY DUTIES TAKE PRIORITY OVER ls)
APPLICANT'S NAME: (Printed)	
SIGNATUE:	DATE:

SUPPLEMENTAL APPLICATION FORM

NAME:	ANNOUNCEMENT NO:				
POSITION:	LOWEST GRADE YOU WILL	LOWEST GRADE YOU WILL ACCEPT:			
<u>TY</u>	PES OF EMPLOYMENT YOU ARE AVAILA	ABLE FOR			
Full Time (40 hrs/week)	Day shift	Limited Tenure			
Part Time (20-39 hrs/week)	Evenings/Nights	Flexible			
Rotating shift	Seasonal	Weekends			
	GEOGRAPHICAL AVAILABLITY				
Yongsan, Seoul	Camp Hovey, Tongduchon	K-16 Air Base, Songnam			
Hannam Village, Seoul	Camp Humphreys, Pyongtaek	Camp Market, Seoul			
Camp Long, Wonju	Suwon Air Base, Suwon	Camp Casey, Tongduchon			
Camp Red Cloud, Uijongbu	Camp Henry/Walker, Daegu	Camp Hialeah, Pusan			
Camp Carroll, Waegwan					
SPECIFIC DIVISION	ON YOU ARE APPLYING (Child & Youth Se	rvices APPLICANT ONLY)			
Child Development Center (CDC)	School Age Service Center (SAS)	Middle School / Youth Center			
	APPLICANT STATUS (Check all)				
Current NAF employee	Former NAF employee	Current civil service employee			
30% or more disabled veteran					
Non-status family member (no curre	nt or previous status with civil service)				
Non-status non-family member					
Military Spouse					
On Leave without pay status not to e	xceed (date)				
	SPECIAL QUALIFICATIONS/SKILL	<u>S:</u>			
I certify that I can type 40 words per	minute with no more than 3 errors				
I am fluent in the Korean language a	nd can translate oral & written English into Korea	an and vice verse			
I possess a POV/military driver's lic	ense				
I currently have a SECRET/TOP SE	CRET security clearance				
Other:					
SIGNATURE		DATE			

CIVILIAN PERSONNEL ADVISORY CENTER (CPAC) NON-APPROPRIATED FUND APPLICATION INSTRUCTION

USE THE FOLLOWING CHART TO DETERMINE THE FORMS YOU ARE REQUIRED TO SUMBIT BASED ON YOUR APPLICANT CATEGORY

REQUIRED FORMS	MILITARY SPOUSE PREFERENCE (MSP)	FAMILY MEMBER (FM)	IN-SERVICE (CURRENTLY WORKING FOR FEDERAL SERVICE ON PERMANENT APPOINTMENT)	VETERAN'S READJUSTMENT ACT (VRA) ELIGIBLES	EXTERNAL (INCLUDES OSL APPOINTEES TEMPORARY EMPLOYEES, AND PERSONS NOT WORKING)
APPLICATION DAFORM 3433 & DAFORM 3433-1 (FOR CYS POSITIONS – DA FORM 3433-1 & DA FORM 3433-2)	YES	YES	YES	YES	YES
DA 3434 (NAF PERSONNEL ACTION)	YES (IF ON LWOP)	YES (IF ON LWOP)	YES	NO	YES (IF PRIOR FEDERAL SERVICE)
TRANSCRIPTS	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE
SPONSOR'S ORDERS	YES	YES	NO	NO	NO
OF DUTY MILITARY MEMBER	NO	NO	NO	NO	LETTER FROM COMMANDER AUTHORIZING WORK
DD FORM 214	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE
SF-15	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE	YES IF APPLICABLE
LOCAL QUESTIONNAIRE	YES	YES	YES	YES	YES
SUPPLEMENTAL SHEET	YES	YES	YES	YES	YES
PASSPORT/VISA COPY PLEASE	YES	YES	YES	YES	YES

FOR NON-FAMILY MEMBERS-BE SURE TO LIST ALL ENTRIES AND EXITS FROM KOREA ON THE LOCAL QUESTIONNAIRE

PLEASE DO NOT ADD COPIES OF AWARDS, DIPLOMAS, LETTERS OF RECOMMENDATION, CERTIFICATES, ETC, TO YOUR APPLICATION. THIS INFORMATION WILL NOT BE USED IN THE RATING AND RANKING PROCESS AND WILL BE DESTROYED.